

CC# 2017-0161544	Pct 1	Sector 106	Car 106	<b>SCPD Incident Report</b>				Orig Supp	<input checked="" type="checkbox"/>	Domestic	<input type="checkbox"/>	MVA	<input type="checkbox"/>	Missing Person	<input type="checkbox"/>	B 80
<b>INCIDENT</b>																C
Report Date 3/16/2017	Report Time 10:44	Day THU	Date (Occurred On/From) 3/16/2017	Time 10:44	Day	Date (Occurred To)	Time									D
Business name and type (if residence, so indicate)												Town Code 5250				E
Incident Address C/O ARLINGTON/DOE WYANDANCH																F N
No.	LAW	NAME OF OFFENSE	DEG	ART/SECTION	SUB	CAT	ATT	CTS	TARGET (J)	WEAPON CODES (A)				G N		
1	VTL	AGG UNLIC OPER3	3	0511	01A	M	C	1								
Person Type: C=Complainant V=Victim A=Arrestee S=Identified Suspect W=Witness N=Neighbor P=Person Interviewed O=Other																

<b>ASSOCIATED PERSONS</b>															
Per 1	Type A	Name (Last, First, Middle) NEWKIRK, LATOYA	D.O.B. 06/05/1986	Sex F	Race 02	Home Tel#	Work Tel#	Call Tel#							
Address 857 OLD TOWN RD PORT JEFFERSON STA NY				Offense	Offender	K	L	M	N	Q	R				
Per 2	Type C	Name (Last, First, Middle) SCPD,	D.O.B.	Sex	Race	Home Tel#	Work Tel#	Call Tel# 6318526000							
Address				Offense	Offender	K	L	M	N	Q	R				
Neighborhood Canvass <input type="checkbox"/>				Inv. Notified <input type="checkbox"/>		Investigating Officer (Name, Shield)				Reporting Officer PAV, MARK PO/6174/1					
				Inv. Responding <input type="checkbox"/>											

<b>PROPERTY</b>															
										# of Crime Guns Recovered 0			# of Crime Guns Sent to Crime Lab 0		
Per #	Quantity	Measure	Description (Include make, model, serial no., etc.)	Property Type	Property Status	Drug Type	Measure Source	Value							
								Property Total							
<b>NARRATIVE</b>															
A1 WAS ARRESTED OR A WARRANT FOR THE ABOVE LISTED CHARGE. A1 TRANSPORTED TO THE 1ST PCT FOR PROCESSING.														T U	

Did reporting officer provide the victim with information on Victim's Rights and Services pursuant to NYS Law? ☐ Yes ☒ No

<b>ADMINISTRATIVE</b>															
Evidence/Tech work performed															
Teletype No.		Connected CC #'s										# of Affidavits Prepared 0			
Reclassification <input type="checkbox"/>	Reclassified to:	Reclassified From:				IRS Updated <input type="checkbox"/>	PDCS 1099-1 to follow <input type="checkbox"/>				Confidential <input type="checkbox"/>				
<input type="checkbox"/> ACTIVE	<input type="checkbox"/> CLOSED (NON-CRIMINAL ONLY)	<input checked="" type="checkbox"/> CLEARED BY ARREST				Exceptionally Cleared Code				Status Date 3/16/2017		TOT			
<input type="checkbox"/> PENDING	<input type="checkbox"/> EXCEPTIONALLY CLEARED	<input type="checkbox"/> WARRANT ISSUED													

\*\*\* End of Report \*\*\*

CC# 2017-0161544	Reporting / Investigating Officer PAV, MARK PO/6174/1	Supervisor BIEBER, MICHAEL SGT/1273	Pages 1 of 1
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Arrest Number: 007647-17 Agy: SPD Date: 03/16/17 Time: 1044

PIN: 479539 Name: NEWKIRK,LATOYA NYSID: 09758688Y  
Address: 857 OLD TOWN RD, PORT JEFFERSON STA, NY 11776  
Phone: 6316436029 Cell: 6318856092

Race: B Sex: F DOB: 06/05/86

Arrest Location:

C/O ARLINGTON/DOE

Pct: 01 Sector: 106 Town: BA Hamlet: WYANDA

Arrested By:

Officer: MCCOY,CHRISTOPHER

PO 6005 / 0120

How: B - Bench Warrant

Reason: <RS1> -

Arrest/Charge Data

CC Number: 17-0161544

Warrant Number: 16003684

Name: NEWKIRK, LATOYA

DOB: 06/05/1986

Date of Warrant: 03/17/2016 Command: 0110 Docket Number: 2015SU021124

Judge: TINARI

Court: 1ST DISTRICT COURT

CC Number: 17-161544

Status: Executed

Date: 03/16/2017

Law	Article	Sub	CAT	Description
VTL	512		M	512
VTL	511.1		M	511.1
VTL	340.A		M	340.A
VTL	319.1		I	319.1
VTL	319.3		I	319.3
VTL	509.1		I	509.1
VTL	509.8		I	509.8
VTL	340.A		M	340.A

CC # 2017-0161612	PCT 1	Sector 106	Car 106	<b>SCPD Incident Report</b>				Orig Supp <input checked="" type="checkbox"/>	Domestic <input type="checkbox"/>	MVA <input type="checkbox"/>	Missing Person <input type="checkbox"/>	B 80
<b>INCIDENT</b>												C
Report Date 3/16/2017	Report Time 10:44	Day THU	Date (Occurred On/From) 3/16/2017	Time 10:44	Day	Date (Occurred To)	Time					D
Business name and type (if residence, so indicate)								Town Code 5250				E
Incident Address C/O ARLINGTON/DOE WYANDANCH												F N
No.	LAW	NAME OF OFFENSE	DEG	ART/SECTION	SUB	CAT	ATT	CTS	TARGET (J)	WEAPON CODES (A)		G N
1	VTL	AGG UNLIC OPER3	3	0511	01A	M	C	1				H N
Person Type: C=Complainant V=Victim A=Arrestee S=Identified Suspect W=Witness N=Neighbor P=Person Interviewed O=Other												I

<b>ASSOCIATED PERSONS</b>												
Per 1	Type A	Name (Last,First,Middle) NEWKIRK, LATOYA	D.O.B 06/05/1986	Sex F	Race 02	Home Tel#	Work Tel#	Cell Tel#				
Address 857 OLD TOWN RD PORT JEFFERSON STA NY			Offense	Offender	K	L	M	N	Q	R		
Per 2	Type C	Name (Last,First,Middle) SCPD,	D.O.B	Sex	Race	Home Tel#	Work Tel#	Cell Tel# 6318526000				
Address			Offense	Offender	K	L	M	N	Q	R		
Neighborhood Canvass <input type="checkbox"/>			Inv. Notified <input type="checkbox"/>			Inv. Responding <input type="checkbox"/>			Investigating Officer (Name, Shield) Reporting Officer PAV, MARK PO/6174/1			

<b>PROPERTY</b>									
# of Crime Guns Recovered 0						# of Crime Guns Sent to Crime Lab 0			
Per #	Quantity	Measure	Description (Include make, model, serial no., etc.)	Property Type	Property Status	Drug Type	Measure Source	Value	
								Property Total	

<b>NARRATIVE</b>										T
A1 WAS ARREST FOR A WARRANT FOR THE ABOVE LISTED CHARGE. A1 WAS TRANSPORTED TO THE 1ST PCT FOR PROCESSING.										U
Did reporting officer provide the victim with information on Victim's Rights and Services pursuant to NYS Law?										<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>ADMINISTRATIVE</b>									
Evidence/Tech work performed									
Teletype No.		Connected CC #'s						# of Affidavits Prepared 0	
Reclassification <input type="checkbox"/>	Reclassified to:	Reclassified From:		IRS Updated <input type="checkbox"/>	PDCS 1099-1 to follow <input type="checkbox"/>		Confidential <input type="checkbox"/>		
<input type="checkbox"/> ACTIVE	<input type="checkbox"/> CLOSED (NON-CRIMINAL ONLY)	<input checked="" type="checkbox"/> CLEARED BY ARREST		Exceptionally Cleared Code		Status Date 3/16/2017		TOT	
<input type="checkbox"/> PENDING	<input type="checkbox"/> EXCEPTIONALLY CLEARED	<input type="checkbox"/> WARRANT ISSUED							

\*\*\* End of Report \*\*\*

CC # 2017-0161612	Reporting / Investigating Officer PAV, MARK PO/6174/1	Supervisor BIEBER, MICHAEL SGT/1273	Pages 1 of 1
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Warrant Number: 16003683

Name: NEWKIRK,LATOYA

DOB: 06/05/1986

Date of Warrant: 03/17/2016 Command: 0110 Docket Number: 2015SU013222

Judge: TINARI

Court: 1ST DISTRICT COURT

CC Number: 17-161612

Status: Executed

Date: 03/16/2017

Law	Article	Sub	CAT	Description
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VTL	511.1A		M	511.1A
VTL	375.40		I	375.40
VTL	306.B		I	306.B
VTL	511.1		M	511.1

CC # 2017-0161613	Pct 1	Sector 106	Car 106	SCPD Incident Report				Orig Supp	<input checked="" type="checkbox"/>	Domestic	<input type="checkbox"/>	MVA	<input type="checkbox"/>	Missing Person	<input type="checkbox"/>	B 80	
<b>INCIDENT</b>																	
Report Date 3/16/2017	Report Time 10:44	Day THU	Date (Occurred On/From) 3/16/2017	Time 10:44	Day	Date (Occurred To)	Time										C
Business name and type (if residence, so indicate)												Town Code 5250			D		
Incident Address C/O ARLINGTON/DOE WYANDANCH															E		
No.	LAW	NAME OF OFFENSE	DEG	ART/SECTION	SUB	CAT	ATT	CTS	TARGET (J)	WEAPON CODES (A)					F N		
1	CPL	BENCH WARRANT	0	530.70	03	9	C	1							G N		
Person Type: C=Complainant V=Victim A=Arrestee S=Identified Suspect W=Witness N=Neighbor P=Person Interviewed O=Other																	

<b>ASSOCIATED PERSONS</b>																
Per 1	Type A	Name (Last, First, Middle) NEWKIRK, LATOYA	D.O.B. 06/05/1986	Sex F	Race 02	Home Tel#	Work Tel#	Call Tel#								
Address 857 OLD TOWN RD PORT JEFFERSON STA NY			Offense	Offender	K	L	M	N	Q	R						
Per 2	Type C	Name (Last, First, Middle) SCPD,	D.O.B.	Sex	Race	Home Tel#	Work Tel#	Call Tel# 6318526000								
Address			Offense	Offender	K	L	M	N	Q	R						
Neighborhood Cavase			<input type="checkbox"/>	Inv. Notified <input type="checkbox"/>	Investigating Officer (Name, Shield)				Reporting Officer PAV, MARK PO/6174/1							
			<input type="checkbox"/>	Inv. Responding <input type="checkbox"/>												

<b>PROPERTY</b>										
					# of Crime Guns Recovered 0	# of Crime Guns Sent to Crime Lab 0				
Per #	Quantity	Measure	Description (Include make, model, serial no., etc.)	Property Type	Property Status	Drug Type	Measure Source	Value		
							Property Total			

<b>NARRATIVE</b>										T
A1 WAS ARRESTED FOR A WARRANT FOR A BABYLON TOWN ORDINANCE VIOLATION REF SECTION 153-2B NO RENTAL PERMIT FROM 2ND DISTRICT COURT IN SUFFOLK COUNTY. A1 WAS TRANSPORTED TO THE 1ST PCT FOR PROCESSING.										U
Did reporting officer provide the victim with information on Victim's Rights and Services pursuant to NYS Law?										<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>ADMINISTRATIVE</b>									
Evidence/Tech work performed									
Teletype No.		Connected CC #s				# of Affidavits Prepared 0			
Reclassification <input type="checkbox"/>	Reclassified to:	Reclassified From:		IRS Updated <input type="checkbox"/>	PDOS 1099-1 to follow <input type="checkbox"/>		Confidential <input type="checkbox"/>		
<input type="checkbox"/> ACTIVE	<input type="checkbox"/> CLOSED (NON-CRIMINAL ONLY)	<input checked="" type="checkbox"/> CLEARED BY ARREST		Exceptionally Cleared Code		Status Date 3/16/2017		TOT	
<input type="checkbox"/> PENDING	<input type="checkbox"/> EXCEPTIONALLY CLEARED	<input type="checkbox"/> WARRANT ISSUED							

\*\*\* End of Report \*\*\*

CC # 2017-0161613	Reporting / Investigating Officer PAV, MARK PO/6174/1	Supervisor BIEBER, MICHAEL SGT/1273	Pages 1 of 1
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Warrant Number: 17005460

Name: NEWKIRK,LATOYA

DOB:

Date of Warrant: 05/05/2017 Command: 0110 Docket Number: CBA101011

Judge: JOHN SCHETTINO

Court: 2ND DISTRICT COURT

CC Number: \_\_\_\_-

Status: Active

Date:

Law	Article	Sub	CAT	Description
TWN	153-2B		V	NO RENTAL PERMIT